South Carolina
Department of Health and Human Services

Forward completed form to: Medicaid Provider Enrollment
Post Office Box 8809
Columbia, South Carolina 29202-8809

MEDICAID ENROLLMENT DATA
INDIVIDUAL COMMUNITY LONG TERM CARE - NON-CONTRACTED

SHADED ITEMS ARE FOR AGENCY USE ONLY AND NO INFORMATION SHOULD BE ENTERED BY THE MEDICAID PROVIDER.
ITEMS IN **BOLD CAPITALS** MUST BE COMPLETED OR THIS FORM WILL BE RETURNED TO YOU.
ITEMS MARKED WITH AN ASTERISK (*) SHOULD BE COMPLETED BASED ON THE CODES LISTED ON THE BACK OF THIS FORM.

1 Medicaid No.

2 Provider Type 6 1

4 Sort Key

3 **PROVIDER'S NAME**

5 Tax Payer Identification Name (If different from provider's name)

Physical Location Address
7 **NUMBER AND STREET**

9 **CITY**

10 **STATE**

11 **ZIP + 4**

Payment Address (If different from mailing address)
6 In care of, Attention, Building Name, etc.

8 Number and Street, PO Box or Route No.

12 City

13 STATE

14 ZIP + 4

15 **COUNTY***

16 **TELEPHONE (INCLUDE AREA CODE)** ( ) –

17 **IRS EMPLOYER ID NO.**

-OR-

18 **SOCIAL SECURITY NO.**

List in Field 5 the Tax Payer Name that match Id# in Field 17 OR 18

19 EC Indicator N

20 Type Ownership

21 CLTC Group No.

22 Enroll Status

23 Enroll Date

24 **NPI NO.**

25 **NPI ISSUE DATE**

26 **TAXONOMY CODE** Taxonomy Code Taxonomy Code

ATTENTION: A statistically valid random sampling technique with extrapolation may be used for determining overpayments/underpayments to medical providers.

I certify that I have read the conditions of participation and payment on the reverse side of this form, that I understand and agree to the conditions of participation on the reverse side of this form, that the enrollment information I have furnished is true, accurate, and complete and that I will report any change affecting my enrollment. I further certify that I will obtain authorization from each Medicaid patient to release to SCDHHS medical information necessary for processing Medicaid claims.

Signature and Title of Authorized Agent: _____ Date _____
A facsimile stamp is not acceptable.